



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

RECEIVED  
03 JAN 23 10:43 AM '03  
S49  
D-14

## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII  
ETHICS COMMISSION

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Sword	Max	J.	921-6606
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
2375 Kuhio Avenue	Honolulu	Hawaii	96815
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Outrigger Enterprises, Inc.	921-6606
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
2375 Kuhio Avenue	Honolulu Hawaii 96815
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Max J. Sword	921-6606
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
2375 Kuhio Avenue	Honolulu Hawaii 96815

### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Max J. Sword*  
(Signature of Lobbyist)

1/20/03

(Date)

### PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
W. David Carey, III	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Outrigger Enterprises, Inc.	921-6606
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
2375 Kuhio Avenue	Honolulu Hawaii 96815
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>W. David Carey</i> (Signature of Authorizing Officer or Person Represented)	1/20/03 (Date)